

SEP 14 2005

**MORRISON | FOERSTER**19900 MACARTHUR BLVD.  
IRVINE  
CALIFORNIA 92612-2445TELEPHONE: 949.251.7500  
FACSIMILE: 949.251.0900

WWW.MOFO.COM

MORRISON & FOERSTER LLP  
NEW YORK, SAN FRANCISCO,  
LOS ANGELES, PALO ALTO,  
SAN DIEGO, WASHINGTON, D.C.  
DENVER, NORTHERN VIRGINIA,  
ORANGE COUNTY, SACRAMENTO,  
WALNUT CREEK, CENTURY CITY  
TOKYO, LONDON, BEIJING,  
SHANGHAI, HONG KONG,  
SINGAPORE, BRUSSELS**To:**

NAME:	FACSIMILE:	TELEPHONE:
USPTO Mail Stop	(571) 273-8300	

**FROM:** Barbara M. Hayashi**DATE:** Sept. 14, 2005

Number of pages with cover page:	2	Our Reference 507992000220
-------------------------------------	---	----------------------------

Preparer of this slip has confirmed that facsimile number given is correct: **11487/BMH2****CAUTION - CONFIDENTIAL**

This facsimile contains confidential information that may also be privileged. Unless you are the addressee (or authorized to receive for the addressee), you may not copy, use, or distribute it. If you have received it in error, please advise Morrison & Foerster LLP immediately by telephone or facsimile and return it promptly by mail.

**Comments:**

Attached: Request For Withdrawal as Attorney and Change of Correspondence Address.

RECEIVED  
CENTRAL FAX CENTER

SEP 14 2005

PTO/SB/63 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REQUEST FOR WITHDRAWAL: AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/734,688
	Filing Date	December 12, 2003
	First Named Inventor	Eric L. HALE
	Art Unit	3739
	Examiner Name	J. P. Leubecker
	Attorney Docket Number	507992000220

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:  
At the request of the assignee, EndActive, Inc.

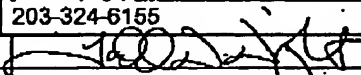
## CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number:

OR

☒ Firm or Individual Name

Address	Attn: Wesley W. Whitmyer, Jr. 986 Bedford Street				
City	Stamford	State	CT	Zip	06905
Country	US				
Telephone	203-324-6155		Email		
Signature					
Name	Todd W. Wight		Registration No.	45,218	
Date	August 24, 2005		Telephone No.	(949) 251-7189	

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. 571-273-8300, on the date shown below.

Dated: 9/14/05

Signature: 

(Barbara Hayashi)

00-302435